

**DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY SCHOOL EMPLOYEES' HEALTH BENEFITS PROGRAM
LOCAL MONTHLY ACTIVE GROUP - EDUCATION EMPLOYERS
MONTHLY RATES EFFECTIVE 1/1/2014 to 12/31/2014**

PLAN/COVERAGE DESCRIPTION	EMPLOYEE SINGLE COST	DEPENDENT COST	TOTAL
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201			
<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$665.64	-----	\$665.64
Member & Spouse/Partner	\$667.29	\$663.99	\$1,331.28
Family	\$667.90	\$1,096.05	\$1,763.95
Parent & Child	\$666.36	\$431.95	\$1,098.31
<u>NJ DIRECT10 #050(1)</u>			
Single	\$659.04	-----	\$659.04
Member & Spouse/Partner	\$660.69	\$657.41	\$1,318.10
Family	\$661.30	\$1,085.16	\$1,746.46
Parent & Child	\$659.76	\$427.66	\$1,087.42
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$633.67	-----	\$633.67
Member & Spouse/Partner	\$635.32	\$632.02	\$1,267.34
Family	\$635.93	\$1,043.30	\$1,679.23
Parent & Child	\$634.39	\$411.17	\$1,045.56
<u>NJ DIRECT15 #150(1)</u>			
Single	\$627.39	-----	\$627.39
Member & Spouse/Partner	\$629.04	\$625.75	\$1,254.79
Family	\$629.65	\$1,032.93	\$1,662.58
Parent & Child	\$628.11	\$407.08	\$1,035.19
<u>AETNA HMO #019(1)</u>			
Single	\$611.35	-----	\$611.35
Member & Spouse/Partner	\$613.00	\$609.70	\$1,222.70
Family	\$613.61	\$1,006.47	\$1,620.08
Parent & Child	\$612.07	\$396.66	\$1,008.73
<u>HORIZON HMO #011(1)(5)</u>			
Single	\$605.24	-----	\$605.24
Member & Spouse/Partner	\$606.89	\$603.58	\$1,210.47
Family	\$607.50	\$996.39	\$1,603.89
Parent & Child	\$605.96	\$392.69	\$998.65
<u>PRESCRIPTION DRUG PROGRAM #201</u>			
Single	\$181.64	-----	\$181.64
Member & Spouse/Partner	\$181.64	\$181.64	\$363.28
Family	\$181.64	\$299.71	\$481.35
Parent & Child	\$181.64	\$118.07	\$299.71
MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205			
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$614.99	-----	\$614.99
Member & Spouse/Partner	\$616.64	\$613.34	\$1,229.98
Family	\$617.25	\$1,012.47	\$1,629.72
Parent & Child	\$615.71	\$399.02	\$1,014.73
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$608.90	-----	\$608.90
Member & Spouse/Partner	\$610.55	\$607.25	\$1,217.80
Family	\$611.16	\$1,002.43	\$1,613.59
Parent & Child	\$609.62	\$395.07	\$1,004.69
<u>AETNA HMO1525 #061(2)</u>			
Single	\$564.52	-----	\$564.52
Member & Spouse/Partner	\$566.17	\$562.87	\$1,129.04
Family	\$566.78	\$929.20	\$1,495.98
Parent & Child	\$565.24	\$366.22	\$931.46
<u>HORIZON HMO1525 #053(2)(5)</u>			
Single	\$558.88	-----	\$558.88
Member & Spouse/Partner	\$560.53	\$557.22	\$1,117.75
Family	\$561.14	\$919.89	\$1,481.03
Parent & Child	\$559.60	\$362.55	\$922.15
<u>PRESCRIPTION DRUG PROGRAM #205</u>			
Single	\$164.74	-----	\$164.74
Member & Spouse/Partner	\$164.74	\$164.75	\$329.49
Family	\$164.74	\$271.82	\$436.56
Parent & Child	\$164.74	\$107.08	\$271.82

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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #206

AETNA FREEDOM2030 #064(3)			
Single	\$577.97	-----	\$577.97
Member & Spouse/Partner	\$579.62	\$576.33	\$1,155.95
Family	\$580.23	\$951.39	\$1,531.62
Parent & Child	\$578.69	\$374.96	\$953.65
NJ DIRECT2030 #052(3)			
Single	\$572.25	-----	\$572.25
Member & Spouse/Partner	\$573.90	\$570.60	\$1,144.50
Family	\$574.51	\$941.95	\$1,516.46
Parent & Child	\$572.97	\$371.24	\$944.21
AETNA HMO2030 #062(3)			
Single	\$530.85	-----	\$530.85
Member & Spouse/Partner	\$532.50	\$529.17	\$1,061.67
Family	\$533.11	\$873.64	\$1,406.75
Parent & Child	\$531.57	\$344.33	\$875.90
HORIZON HMO2030 #054(3)(5)			
Single	\$525.54	-----	\$525.54
Member & Spouse/Partner	\$527.19	\$523.86	\$1,051.05
Family	\$527.80	\$864.88	\$1,392.68
Parent & Child	\$526.26	\$340.88	\$867.14
PRESCRIPTION DRUG PROGRAM #206			
Single	\$167.66	-----	\$167.66
Member & Spouse/Partner	\$167.66	\$167.64	\$335.30
Family	\$167.66	\$276.64	\$444.30
Parent & Child	\$167.66	\$108.98	\$276.64

MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #207

AETNA FREEDOM2035 #066(4)			
Single	\$497.05	-----	\$497.05
Member & Spouse/Partner	\$498.70	\$495.41	\$994.11
Family	\$499.31	\$817.88	\$1,317.19
Parent & Child	\$497.77	\$322.37	\$820.14
NJ DIRECT2035 #056(4)			
Single	\$492.14	-----	\$492.14
Member & Spouse/Partner	\$493.79	\$490.48	\$984.27
Family	\$494.40	\$809.76	\$1,304.16
Parent & Child	\$492.86	\$319.16	\$812.02
AETNA HMO2035 #065(4)			
Single	\$456.53	-----	\$456.53
Member & Spouse/Partner	\$458.18	\$454.88	\$913.06
Family	\$458.79	\$751.02	\$1,209.81
Parent & Child	\$457.25	\$296.03	\$753.28
HORIZON HMO2035 #055(4)(5)			
Single	\$451.96	-----	\$451.96
Member & Spouse/Partner	\$453.61	\$450.32	\$903.93
Family	\$454.22	\$743.49	\$1,197.71
Parent & Child	\$452.68	\$293.06	\$745.74
PRESCRIPTION DRUG PROGRAM #207			
Single	\$150.89	-----	\$150.89
Member & Spouse/Partner	\$150.89	\$150.90	\$301.79
Family	\$150.89	\$248.98	\$399.87
Parent & Child	\$150.89	\$98.09	\$248.98

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

AETNA VALUE HD1500 #093(6)(7)			
Single	\$688.42	-----	\$688.42
Member & Spouse/Partner	\$690.07	\$686.77	\$1,376.84
Family	\$690.68	\$1,092.33	\$1,783.01
Parent & Child	\$689.14	\$405.45	\$1,094.59
NJ DIRECT HD1500 #091(6)(7)			
Single	\$685.65	-----	\$685.65
Member & Spouse/Partner	\$687.30	\$683.99	\$1,371.29
Family	\$687.91	\$1,087.93	\$1,775.84
Parent & Child	\$686.37	\$403.82	\$1,090.19

- 1) Subscribers in #150 & #180 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #018, #019 and #011 are subject to a \$10 primary care and \$10 specialist office visit copayment and are eligible for Prescription Drug Plan #201
- 2) Subscribers in #051, #061, #053 & #063 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205
- 3) Subscribers in # 052, #062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206
- 4) Subscribers in #066, #056, #055, #065 are subject to \$25 Primary Care and \$35 specialist office visit copayment and are eligible for Prescription Drug Plan #207
- 5) For Horizon HMO Plans #011, #053, #054 and #055 service area is limited to New Jersey, Delaware, and parts of Pennsylvania and New York;
- 6) Subscribers in High Deductible Plans #91 and #93, are subject to \$1,500 In-Network deductible
- 7) For Subscribers in High Deductible Plans #091 and #093, employer required to contribute \$300 annually to Health Savings Account

(FOR EMPLOYERS WHO OFFER PRESCRIPTION DRUGS THROUGH THE SHBP BASED ON THE MEDICAL PLAN THE SUBSCRIBER IS ENROLLED.)

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<u>AETNA FREEDOM10 #018(1)</u>			
Single	\$840.23	-----	\$840.23
Member & Spouse/Partner	\$841.88	\$838.57	\$1,680.45
Family	\$842.49	\$1,384.12	\$2,226.61
Parent & Child	\$840.95	\$545.43	\$1,386.38
<u>NJ DIRECT10 #050(1)</u>			
Single	\$791.65	-----	\$791.65
Member & Spouse/Partner	\$793.30	\$790.02	\$1,583.32
Family	\$793.91	\$1,303.97	\$2,097.88
Parent & Child	\$792.37	\$513.86	\$1,306.23
<u>AETNA FREEDOM15 #180(1)</u>			
Single	\$808.26	-----	\$808.26
Member & Spouse/Partner	\$809.91	\$806.60	\$1,616.51
Family	\$810.52	\$1,331.37	\$2,141.89
Parent & Child	\$808.98	\$524.65	\$1,333.63
<u>NJ DIRECT15 #150(1)</u>			
Single	\$753.63	-----	\$753.63
Member & Spouse/Partner	\$755.28	\$752.00	\$1,507.28
Family	\$755.89	\$1,241.23	\$1,997.12
Parent & Child	\$754.35	\$489.14	\$1,243.49
<u>AETNA HMO #019(1)</u>			
Single	\$785.94	-----	\$785.94
Member & Spouse/Partner	\$787.59	\$784.28	\$1,571.87
Family	\$788.20	\$1,294.54	\$2,082.74
Parent & Child	\$786.66	\$510.14	\$1,296.80
<u>HORIZON HMO #011(1)(5)</u>			
Single	\$779.83	-----	\$779.83
Member & Spouse/Partner	\$781.48	\$778.16	\$1,559.64
Family	\$782.09	\$1,284.46	\$2,066.55
Parent & Child	\$780.55	\$506.17	\$1,286.72
<u>AETNA FREEDOM1525 #063(2)</u>			
Single	\$733.29	-----	\$733.29
Member & Spouse/Partner	\$734.94	\$731.63	\$1,466.57
Family	\$735.55	\$1,207.67	\$1,943.22
Parent & Child	\$734.01	\$475.92	\$1,209.93
<u>NJ DIRECT1525 #051(2)</u>			
Single	\$727.20	-----	\$727.20
Member & Spouse/Partner	\$728.85	\$725.54	\$1,454.39
Family	\$729.46	\$1,197.63	\$1,927.09
Parent & Child	\$727.92	\$471.97	\$1,199.89
<u>AETNA HMO1525 #061(2)</u>			
Single	\$729.26	-----	\$729.26
Member & Spouse/Partner	\$730.91	\$727.62	\$1,458.53
Family	\$731.52	\$1,201.02	\$1,932.54
Parent & Child	\$729.98	\$473.30	\$1,203.28
<u>HORIZON HMO1525 #053(2)(5)</u>			
Single	\$723.62	-----	\$723.62
Member & Spouse/Partner	\$725.27	\$721.97	\$1,447.24
Family	\$725.88	\$1,191.71	\$1,917.59
Parent & Child	\$724.34	\$469.63	\$1,193.97

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<u>AETNA FREEDOM2030 #064(3)</u>			
Single	\$696.27	-----	\$696.27
Member & Spouse/Partner	\$697.92	\$694.62	\$1,392.54
Family	\$698.53	\$1,146.59	\$1,845.12
Parent & Child	\$696.99	\$451.86	\$1,148.85
<u>NJ DIRECT2030 #052(3)</u>			
Single	\$690.55	-----	\$690.55
Member & Spouse/Partner	\$692.20	\$688.89	\$1,381.09
Family	\$692.81	\$1,137.15	\$1,829.96
Parent & Child	\$691.27	\$448.14	\$1,139.41
<u>AETNA HMO2030 #062(3)</u>			
Single	\$698.51	-----	\$698.51
Member & Spouse/Partner	\$700.16	\$696.81	\$1,396.97
Family	\$700.77	\$1,150.28	\$1,851.05
Parent & Child	\$699.23	\$453.31	\$1,152.54
<u>HORIZON HMO2030 #054(3)(5)</u>			
Single	\$693.20	-----	\$693.20
Member & Spouse/Partner	\$694.85	\$691.50	\$1,386.35
Family	\$695.46	\$1,141.52	\$1,836.98
Parent & Child	\$693.92	\$449.86	\$1,143.78
<u>AETNA FREEDOM2035 #066(4)</u>			
Single	\$603.52	-----	\$603.52
Member & Spouse/Partner	\$605.17	\$601.88	\$1,207.05
Family	\$605.78	\$993.56	\$1,599.34
Parent & Child	\$604.24	\$391.58	\$995.82
<u>NJ DIRECT2035 #056(4)</u>			
Single	\$598.61	-----	\$598.61
Member & Spouse/Partner	\$600.26	\$596.95	\$1,197.21
Family	\$600.87	\$985.44	\$1,586.31
Parent & Child	\$599.33	\$388.37	\$987.70
<u>AETNA HMO2035 #065(4)</u>			
Single	\$607.43	-----	\$607.43
Member & Spouse/Partner	\$609.08	\$605.77	\$1,214.85
Family	\$609.69	\$999.99	\$1,609.68
Parent & Child	\$608.15	\$394.11	\$1,002.26
<u>HORIZON HMO2035 #055(4)</u>			
Single	\$602.86	-----	\$602.86
Member & Spouse/Partner	\$604.51	\$601.21	\$1,205.72
Family	\$605.12	\$992.46	\$1,597.58
Parent & Child	\$603.58	\$391.14	\$994.72
<u>AETNA VALUE HD1500 #093(6)(7)</u>			
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3) Subscribers in # 052, #062, #054 & #064 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment

4) Subscribers in #066, #056, #055, #065 are subject to \$20 Primary Care and \$35 specialist office visit copayment

5) For Horizon HMO Plans #011, #053 and #054 service areas are limited to New Jersey, Delaware, and parts of Pennsylvania and New York;

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7) For Subscribers in High Deductible Plans #091 and #093, employer required to contribute \$300 annually to Health Savings Account